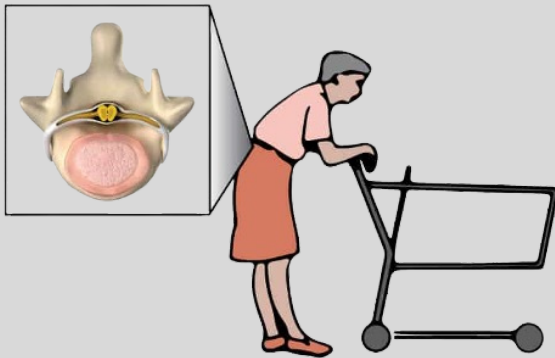


Lumbar Spinal Stenosis

Clinical Picture:

- Age > 50 years
- Long duration of symptoms
- Aggravated by prolonged standing, walking, walking downhill
- Claudication: buttock/thigh/calves
- Alleviated by sitting down or leaning forward (eg. shopping cart sign)
- Nocturnal buttock +/- calf cramping
- Differentiate from vascular claudication



Clinical Examination:

- Usually normal examination
- Extension range of motion often painfully limited
- Reflexes usually diminished
- Examine pedal and popliteal pulses

Investigations:

- Diagnosis made by correlating lower limb neurogenic claudication with central stenosis on **Lumbar spine MRI**
- Xray (lateral view) useful to assess for degenerative spondylolisthesis

Refer:

- Refer to orthopaedic spine surgeon for diagnostic/surgical workup
- Caution regarding Cauda Equina Syndrome --> Public hospital ED

Cervical Myelopathy

Who to Screen:

- Age > 40 years
- Older patients with falls risk
- History of head/neck trauma
- Patients with lumbar spinal stenosis
- Persisting cervical radiculopathy
- Patients presenting with suspected carpal tunnel syndrome
- Prevalent ethnic groups: Japanese, Korean, Maori, Pacific peoples

Clinical Picture:

- Bilateral hand/fingertip numbness and/or paraesthesia
- Hand clumsiness (unexpectedly dropping objects)
- Hand dexterity decline
- Balance decline
- Gait clumsiness



Clinical Examination:

- Deep tendon hyperreflexia
- Hoffmann sign
- Inverted supinator/brachioradialis sign
- Tandem gait – inability to walk in a straight line
- Romberg's sign

Investigations:

- Signs/Symptoms + **Cervical spine MRI** needed to assess cord compression
- Xray useful to assess bony stenosis (oblique), alignment and disk spaces (lateral)

Refer:

- **Early diagnosis is key**
- Refer to orthopaedic spine surgeon for diagnostic workup
- Rapidly deteriorating neurological function --> Public hospital ED

